Hans Baer
School of Philosophy, Anthropology, and Social Inquiry and Centre of Health and Society
University of Melbourne

The Emergence of Integrative Medicine in Australia

The Growing Interest of Biomedicine and Nursing in Complementary Medicine in a Southern Developed Society

In this article, I examine the process by which some biomedical physicians and nurses in Australia have come to adopt various alternative therapies in their regimens of practice, largely in response to (1) the growing interest on the part of many Australians in what is generally called "complementary medicine", and (2) a recognition that biomedicine is not particularly effective in treating an array of chronic ailments. Some Australian biomedical physicians and nurses have come to embrace "integrative medicine," which purports to blend the best of biomedicine and complementary medicine, and have even created an Australasian Integrative Medical Association and established integrative medical training programs and centers. I argue that the adoption of alternative therapies and the development of integrative medicine on the part of Australian biomedical physicians and nurses constitute another national manifestation of the co-option of complementary and alternative medicine.

Keywords: [Integrative medicine; complementary medicine, co-option; Australia]

In response to a holistic health movement and the widespread popularity of alternative therapies, including chiropractic, osteopathy, and naturopathy in Australia, over the past three decades or so a growing number of Australian biomedical physicians and nurses have become interested in *holistic health, holistic medicine and nursing,* or simply *alternative medicine.* Within particularly biomedical circles in developed societies around the world, these expressions have been replaced by *complementary and alternative medicine* (CAM) and *integrative medicine,* both of which are essentially biomedical constructions. Integrative medicine, whether it is advocated by biomedical or CAM practitioners, essentially seeks to bring together the best of both biomedicine and CAM either within a solo practice or a clinical center with different types of therapists. Various social scientists, particularly

MEDICAL ANTHROPOLOGY QUARTERLY, Vol. 22, Issue 1, pp. 52–66, ISSN 0745-5194, online ISSN 1548-1387. DOI: 10.1111/j.1548-1387.2008.00003.x

those who have analyzed integrative medicine in the United States and Britain, have argued that biomedicine has embarked on a process of co-opting CAM (Baer 2004; Cant and Sharma 1999). Fadlon (2005) has made a similar argument in the case of Israel, in which she argues that *nonconventional medicine* (NCM) is undergoing a process of *domestication* in which it is being forced to adapt to biomedicine.

In this article, I explore the emergence of integrative medicine in Australia, an Anglophone society that is heavily influenced both by its mother country and, particularly since WWII, the United States. I examine the growing interest on the part of biomedicine in some detail, as well as nursing, in what tends to be called *complementary medicine* in Australia and the development of centers of integrative medicine. I also discuss the growing interest of biomedical schools in providing training in complementary medicine and some hospitals in offering complementary therapies. I argue that the Australian case provides yet one more example of how biomedicine in particularly developed societies has been involved in the process of co-opting CAM or complementary medicine under the guise of integrative medicine.

Alternative medical systems and therapies historically have existed on the margins of mainstream society, but in recent decades numerous upper- and upper-middle-class people with disposable incomes have turned to them due to their dissatisfaction with biomedicine. Biomedical physicians, nurses, biomedical and nursing schools, hospitals, private health insurance companies, and pharmaceutical companies have in growing numbers come to embrace CAM modalities. In part this pattern has been driven by the economic imperative inherent in capitalist societies and in part by a paradigm shift in health care that recognizes that biomedicine manifests limitations in the treatment of certain disorders, such as cancer and a wide range of chronic diseases. Evan Willis (1989:266–270), a New Zealand health sociologist based in Australia, argued some time ago that a process of convergence has emerged between biomedicine and complementary medicine under which four subprocesses have occurred: (1) a growing tendency on the part of complementary practitioners to utilize certain biomedical procedures, such as taking patient histories, blood pressure readings, and conducting physical examinations; (2) a greater recognition of the limitations of a specific complementary modality by referring a patient to a biomedical physician; (3) the adoption of complementary modalities by some biomedical physicians; and (4) a growing de-emphasis on how theoretically compatible (or "commensurable") or incompatible ("incommensurable") biomedical and complementary modalities are. He argues that "clinical legitimacy has become increasingly important as the basis of politico–legal legitimation, and has come to assume greater importance than scientific legitimacy, thus making the overall issue of the extent of incommensurability less central in assessing politico–legal legitimacy" (Willis 1989:269).

The Interest of Australian Biomedicine in Complementary Medicine

In the past the Australian Medical Association (AMA) had been a virulent opponent of complementary medicine. In 1992, the president of the AMA stated in an SBS [Special Broadcasting System] television program that "there's no real indication that they [complementary practitioners] are doing anything for people. . . . There's a lot of dishonesty in the alternative medicine area" (Easthope 2004:332). In 1992,

the AMA published *Chiropractic in Australia* in which it stated "that a medical practitioner should at all times practise methods of treatment based on sound scientific principles, and accordingly does not recognise any exclusive dogma such as homeopathy, osteopathy, chiropractic or naturopathy" (AMA 1992:3).

Although the AMA recognized that chiropractors might provide patients with some relief from back pain, it argued "that chiropractors' use of manipulation to treat pain in the musculoskeletal system involves no more than the application of techniques well known to the medical and physiotherapy professions" (AMA 1992:8). The AMA condemned the chiropractic use of certain forceful manipulative techniques and chiropractic claims in the detection of "abnormalities in x-rays of spines where these are not apparent to specialist radiologists" (AMA 1992:8). It argued that chiropractic should not qualify for public and private health insurance funding (AMA 1992:9). In addition to its concerted attack on chiropractic, the AMA had proposed the use of new accreditation rules to refuse Medicare rebates to users of complementary practitioners (Easthope 1993:289).

Despite the policies of the AMA, many biomedical practitioners have been adopting complementary therapies, especially acupuncture, or are now willing to refer patients to complementary therapists (Easthope et al. 2000). On the basis of secondary analysis of 1996 Health Insurance Commission data on clams by general practitioners (GPs) for Medicare Benefits Schedule items, Easthope and colleagues (1998) found that 15.1 percent of them had claimed for acupuncture. In surveys of general practitioners in Victoria and Tasmania, Easthope and colleagues (2000) found that in Tasmania 66 percent of GPs referred patients to other biomedical physicians, primarily for acupuncture and hypnotherapy, and 55 percent of them referred patients to complementary practitioners, primarily for chiropractic, massage, and osteopathy. In Victoria the referral rate was 93 percent.

Ironically, as a result of the increasing popularity of complementary medicine, the AMA has in recent years relaxed its historical critique of a wide variety of complementary medical systems. Kerryn Phelps, a past AMA president, gave a speech (Phelps 2001) at the Healthcare Summit of the Complementary Healthcare Council of Australia in Canberra on March 1, 2001, in which she made the following comments:

> "One of the conclusions the AMA would like to see come out of a summit like this, is a better relationship between so-called orthodox medicine and so-called alternative or complementary medicine." (2001:49)
>
> "The AMA and the medical profession has a growing interest in the vast range of alternative and complementary therapies that we believe can help patients and people in our community." (49)
>
> "But nothing can be achieved through continuing the past adversarial approach between the orthodox and complementary advocates. It's a time I believe to build bridges." (49)
>
> "The key to acceptance of complementary medicines as therapies is having an evidence base." (49)

> "Why the change in policy? . . . Could the AMA be compromising its staunch adherence to scientific legitimacy in response to consumer demand? With 60% of the population primarily self-prescribing complementary medicines, the interest of consumers is self-evident. Is the AMA's motive to incorporate the practice of complementary medicine, and utilise its medicines, nothing more than economically driven to merely satisfy consumer demand?" (52)

In order to foster a dialogue between biomedicine and complementary medicine, Phelps formed the AMA Advisory Committee on Complementary Medicine in 2001. In 2002 the AMA formally stated that the "evidenced based aspects of complementary medicine are part of the repertoire of patient care and may have a role in mainstream medical practice," and that "medical practitioners should be sufficiently well informed about complementary medicine to be able to provide advice to patients" (AMA 2002). It also called for "greater regulatory enforcement over the importation and use of raw herbs" and "appropriate regulation of complementary therapists. Such regulation should ensure that non-medical complementary therapists can not claim expertise in medical diagnosis and treatment." The AMA also asserted that biomedical physicians should undergo education about complementary medicine in both their undergraduate studies and through continuing education (AMA 2002:4).

In her address to the International Holistic Health Conference in May 2003, Phelps told the audience that she sees a "place for complementary medicine to work alongside and within orthodox medicine to provide better health outcomes for Australians" (2003:2), but warned that the Pan scandal dictated that complementary medicine conform to evidence-based standards.[1] Conversely, the Australian Medical Council—the accrediting body for biomedical schools in Australia and New Zealand—adopted a more cautious stance toward complementary therapies in 2000 by referring to them as "unorthodox," unless they are proven to be efficacious through evidence-based medicine, which automatically makes them "orthodox by definition, even if the scientific basis of their efficacy is not understood" (Brooks 2004:275).

Many biomedical physicians in Australia now offer complementary therapies, particularly acupuncture, spinal manipulation, hypnosis, vitamin therapy, herbal medicine, and homeopathy (Easthope et al. 1998). On the basis of a questionnaire administered to 290 general practitioners (out of 467 GPs contacted), Easthope and colleagues found that:

> These results suggest that doctors with favourable attitudes to complementary therapies are more likely to be young and to value holistic approaches in medicine while perceiving complementary therapies to be advantageous in that patients endorse them, they are drug free and have good palliative rates. Doctors with less favourable attitudes to complementary therapies tend to be older, sceptical of the cure rate claimed for complementary therapies and perceive complementary therapies as having harmful side effects. [Easthope et al. 2000:1559]

A survey of general practitioners in Perth indicated that the majority felt favorable toward complementary medicine (Hall and Giles-Corti 2000). In a survey of 488 GPs, Pirotta and colleagues (2000) found that more than 80 percent have referred patients to practitioners of acupuncture, hypnosis, and meditation, and nearly half have considered applying these therapies to their patients.

As part of a larger study, sociologist Heather Eastwood (1997, 2000) interviewed 17 biomedical GPs who utilize complementary therapies. Nine of her respondents "noted that the consumer demand for alternative medicine had resulted in growing competition from alternative practitioners and/or that doctors were employing alternative medicine to maintain a competitive edge in the face of an oversupply of doctors" (Eastwood 2000:141). Four GPs "noted that the oversupply of doctors influenced GP use of alternative medicine. One of the doctors ... admitted to offering acupuncture purely as a 'gimmick' to attract patients and to overcome the oversupply of doctors in the market" (Eastwood 2000:141). Thirteen GPs observed that the consumer demand for complementary medicine is due to increasing preference for natural medicine products rather than synthetic drugs. All of the GPs interviewed "expressed dissatisfaction and frustration with the adequacy of their biomedical training to equip them to deal with some of their most commonly treated clinical problems" (Eastwood 2000:143). Three GPs admitted that they treat complementary therapies as adjuncts rather than primary treatment modalities because they tend to be time consuming. Conversely, 11 of the GPs ignore the "financial incentive of brief doctor and patient consultation" in opting to utilize complementary therapies in order to provide their patients with the most beneficial treatment (Eastwood 2000:144). Eastwood's qualitative study indicates that both economic competition from complementary practitioners and a paradigm shift concerning health care were motivating many of her subjects to incorporate complementary therapies in their respective practices. Elsewhere, Easthope argues that "market competition, particularly in urban areas of Australia, had led doctors to sign up with general practice commercial providers and also it is, one suspects, although there is not empirical study of this, one of the reasons for incorporating CAM into general practice" (2004:323).

Bombardieri and Easthope (2000) conducted a survey of the 70 general practices listed in the (Tasmanian) Southern Division of General Practice. Sixty-five of the practices (93 percent response rate) agreed to participate in the survey (Bombardieri and Easthope 2000:485). The authors also interviewed 13 complementary practitioners listed in *Tasmania's Natural Therapy Directory* and the yellow pages. They found that 25 (39 percent) of the general practices offered some kind of complementary therapy; 33 (19 percent) of the 176 GPs in these practices practiced at least one form of complementary therapy; and acupuncture was the most commonly used complementary therapy used by 27 GPs (14.5 percent) in 20 (31 percent) of the practices. Bombardieri and Easthope (2000:488) argue that the Hobart results suggest that a weak form of convergence is occurring between biomedicine and complementary medicine in Australia.

More recently, Cohen and colleagues (2005:999) conducted a national survey of 636 Australian general practitioners in which they found that 21 percent reported using various complementary therapies, particularly acupuncture or electroacupuncture, laser, and ultrasound in their practices. They assert that "nonmedical

therapies, such as acupuncture, massage, meditation, yoga, hypnosis, and chiropractic, are widely used in Australian general practice" (Cohen et al. 2005:1003). In terms of various therapies being "moderately or highly" potentially effective, their respondents gave the following percentages for various therapies: acupuncture, 84 percent; aromatherapy, 15 percent; Chinese herbal medicine, 50 percent; chiropractic, 72 percent; herbal medicine, 36 percent; homeopathy, 18 percent; hypnosis, 65 percent; massage, 84 percent; meditation, 82 percent; naturopathy, 29 percent; osteopathy, 44 percent; reflexology, 10 percent; spiritual healing, 19 percent; vitamin and mineral therapy, 30 percent; and yoga, 76 percent (Cohen et al. 2005:997).

Complementary Medicine Training Programs in Biomedical Institutions

At any rate, unlike the United States and Great Britain (where many biomedical schools now incorporate material on CAM in a variety of settings, including courses that incorporate the expertise of an in-house faculty member, that are taught by CAM practitioners from outside the university, that refer to CAM in the teaching of evidence-based medicine, or that involved both biomedical practitioners and CAM practitioners), the 13 Australian biomedical schools have tended to be slow in incorporating material on complementary medicine (Owen and Lewith 2004).

Bensoussan and Myers (1996:167) identify ten programs of study that offer acupuncture training to graduates of biomedical health professions. The Australian Medical Acupuncture Society, Monash University, the Australian Medical Acupuncture College in Sydney, the Royal North Shore Hospital in Sydney, and the Royal Australian College of General Practitioners (Sydney and Melbourne) offer acupuncture courses for biomedical physicians. The Acupuncture Academy of Western Australia, the Royal Melbourne Institute of Technology, Edith Cowan University in Perth, and the Acupuncture College of Melbourne offer acupuncture courses for health professionals; and the Australian Physiotherapist Association offers course for physiotherapists (Bensoussan and Myers 1996). The Australian Medical Acupuncture College (est. 1973) has branches in all states and claims a membership of more than 750 biomedical physicians (Australian Medical College 2007) and publishes the *Journal of the Australian Acupuncture Society*.

In contrast to the United States and Great Britain, where many biomedical schools offer familiarization courses on CAM, Australian biomedical schools have moved slowly in this direction (Owen and Lewith 2004). The Australian Medical Council has not recommended the teaching of a complementary medicine familiarization course in biomedical schools. Nevertheless, as Brooks reports,

> Some Australian medical schools are in the process of revising their curricula, with several considering the addition of a CAM component. CAM may be taught as an independent elective, within another unit such as "society, health and health psychology," or in the teaching of ethics. [Brooks 2004:275]

Discussion of complementary medicine reportedly has been introduced into the undergraduate curriculum of the medical schools at Flinders, Newcastle, Monash, Western Australia, and Melbourne universities (Eastwood 1997:20).

Nursing schools in many parts of Australia train their students in various natural therapies, such as aromatherapy, massage, and Therapeutic Touch (Jacka 1998:161). The nursing school at the University of Southern Queensland in Toowoomba, for example, has included naturopathy into its curriculum (Eastwood 1997:20). Another example is Pauline McCabe (2001), the editor of *Complementary Therapies in Nursing and Midwifery: From Vision to Practice,* who was a senior lecturer in naturopathy at School of Nursing at La Trobe University, which offered a combined nursing–naturopathy degree program for several years. Students took their nursing courses at the La Trobe–Bundoora campus and their naturopathic courses at the Southern School of Natural Therapies (SSNT) in Melbourne. However, this program no longer admits students, and the last of its students are completing their naturopathic training at SSNT.

Biomedical and Nursing Associations with an Interest in Holistic Health, Complementary Medicine, or Integrative Medicine

The Australian Complementary Medical Association appears to have been the first formal body of biomedical general practitioners interested in complementary medicine to have been created in Australia. It seeks to:

> join all medical practitioners using preventative, wholistic and complementary therapies together in a supported and supportive group to undertake an active role in education of the community and policy matters regarding the value of complementary medicine in the maintenance of good health and of its valuable position in Australia's medical system. [Brighthope 1994:3]

The absence of a website for this organization indicates that it may have become defunct.

At any rate, various biomedical physicians have increasingly come to speak of integrative medicine rather than CAM or simply complementary medicine. Like in other developed societies, more and more biomedical practitioners interested in complementary therapies speak of "integrative medicine"—an approach that supposedly blends together the best features of biomedicine and complementary medicine. In 1992, various biomedical physicians formed the Australian Integrative Medicine Association (AIMA) that in turn resulted in the Integrative Medicine Conference in October 1998 (Ngu 1998). AIMA later expanded to became the Australasian Integrative Medicine Association. While its regular members are biomedical physicians, AIMA allows allied health professionals, such as physiotherapists, nurses, dieticians, pharmacists, and other health workers, to belong as associate members. The AIMA shares a joint working group with the Royal Australian College of General Practitioners and has eight special interest groups, including ones in nutritional and environmental medicine, herbal medicine, and homeopathy (Ngu 1998:26). Indeed, RACGP began to offer a course in musculoskeletal medicine and a Certificate in Manual Medicine in the late 1980s (Kron 2003:29). Graduates of this program who had studied osteopathy went on to establish the Australian College of Physical Medicine. Some members of this association, along with the Australian Association

of Musculoskeletal Medicine, have adopted chiropractic techniques as well. Monash University offers a course leading to its Graduate Certificate in Medical Acupuncture (Monash University 2008). The program is supported by the Australian Medical Acupuncture College.

The growing interest of biomedical physicians in complementary medicine or integrative medicine is evidenced by two volumes edited by Marc Cohen titled *Prescriptions for Holistic Health* (2002) and *Holistic Healthcare in Practice* (2003). Cohen has a biomedical degree from Monash University and training in Traditional Chinese Medicine, is the founding head of the Department of Complementary Medicine at the Royal Melbourne Institute of Technology University, and presently is serving as the president of AIMA. In his capacity as the AIMA president, he applauded the decision of the Australian government to found a new National Institute of Complementary Medicine, a body dedicated to efficacy studies on complementary medicine and therapies and a rough counterpart of the National Center for Complementary and Alternative Medicine (NCCAM) in the United States (Cohen 2007).

Contributors to Cohen's two volumes include various biomedical physicians with training in various complementary therapeutic systems. In the case of the second volume, contributors include Tim Bajraszewski, who has a biomedical degree from the University of Melbourne and obtained acupuncture training from the Australian Medical Acupuncture College; Robyn Cosford, who has a biomedical degree, studied nutrition, homeopathy, herbalism, Traditional Chinese Medicine, and kinesiology, and established the Northern Beaches Care Centre; and Craig Hassad, who is a general practitioner and senior lecturer at Monash University and has interests in meditation, mind–body medicine, stress management, and counseling.

As the title of his two volumes suggest, Cohen seeks to incorporate the notion of holism within integrative medicine: He states:

> Integrative medicine balances art and science, supportive and curative therapies and aims for a true partnership model whereby the practitioner avoids a paternalistic attitude and fully involves the patient in decision making and the implementation of their therapy. In addition, the practice of integrative medicine involves principles that can guide the implementation of healthcare and base decisions when choosing between different interventions. These principles include the Hippocratic ideal of *"first do no harm,"* respect for patient autonomy and informed consent, as well as consideration of issues of evidence, cost effectiveness, practicality, and an awareness that health is influence by environmental, physical, emotional and social issues along with spiritual considerations. When these factors are considered in the full context of an individual patient's life, the practice can be considered to be *"holistic."* [Cohen 2002:7]

The Holistic Health Conference, which started out as the Mind Immunity and Health Conference between 1995 and 1999, has constituted an ongoing effort to incorporate the concept of holism within integrative medicine. The conference initially was sponsored by the Centre for Complementary Medicine at Monash University but later came under the sponsorship of AIMA (Cohen 2002:8).

The Australian College of Holistic Nurses has one state association, namely the Holistic Nurses Association of New South Wales (Australian College of Holistic Nurses n.d.). It supports the use of complementary therapies in institutional, community, and private health care settings and refers to a wide arrange of modalities, including acupressure, aromatherapy, Bowen technique, flower essences, healing touch, imagery, massage, meditation, natural therapies, reflexology, relaxation, Reiki, shiatsu, Therapeutic Touch, and visualization in a booklet on policy guidelines (Australian College of Holistic Nurses 2000). The Australian College of Holistic Nurses held a conference in Brisbane on 15–17 October 2004 in Brisbane (n.d.).

Obviously, complementary medicine practitioners face competition from biomedical practitioners and nurses who incorporate complementary therapies into their respective practices. Some complementary practitioners maintain that, if biomedical practitioners receive Medicare rebates for offering complementary therapies, they should as well because they have received more extensive training in them. As Hunter observes:

> How should we regard doctors practising natural therapies when most of them have little or no training in these areas? Most have done weekend courses provided by manufacturers or other doctors and their training can only be regarded as incomplete by comparison with professional training in natural therapies. Most natural therapy courses involve some 3 to 4 years of full-time study to complete training in just one discipline (e.g., homeopathy, herbal medicine or nutrition). [Hunter 1997:16]

When asked in an interview for her views about biomedical physicians utilizing complementary therapies, Carol Langley, a naturopath, replied:

> Bad, because I think it will become a big threat to our profession. I feel slightly offended from being unaccepted by the medical profession over many years, that they are now turning around and using our medicines. But more importantly, a naturopathic assessment is time consuming and I don't think they have the time to implement it properly. [Khoury 2001:114]

The Persistence of Biomedical "Skeptics"

Despite the fact that an increasing number of biomedical practitioners have either adopted a more tolerant attitude toward complementary medicine or have even incorporated complementary therapies into their practices, a small, but vocal, contingent of critical voices exists within the corridors of biomedicine. Like the United States, Australia has a biomedical "skeptics" or "quack-watchers" network. John Dwyer, an immunologist and professor of medicine at University of New South Wales, appears to be the most prominent member of the Australian biomedical skeptics network. He has a long history of criticizing complementary medicine in the media (McCutcheon 2003). In 1994, Dwyer reportedly participated in the ABC Radio program *Life Matters* on a debate about biomedical and complementary approaches to immunization in which he referred to homeopathy as the "most extreme form of quackery of all the alternative medicines" (Wearing 2004:280).

He asserts that, whereas "good medicine" assumes an evidence-based approach to treatment, "bad medicine" is based on anecdotal evidence (Dwyer 2004:647). He also argues that, whereas "good medicine is practised by most orthodox [biomedical] and many complementary and alternative medicine (CAM) practitioners, bad medicine is practised by a small number of orthodox and significant number of CAM providers" (Dwyer 2004:647). When Bob Carr, premier of New South Wales, appointed Dwyer to chair the Health Claims and Consumer Protection Commission, the appointment was opposed by the "Complementary Healthcare industry because he allegedly approached Health Funds and requested they discontinue reimbursements for 'unscientific medicine'' (*Art of Healing—Byron Bay* 2003).

Many biomedical skeptics are embedded in a nationwide association called Australian Skeptics, Incorporated, which defines itself as a "group that investigates the paranormal and pseudo-science from a responsible scientific viewpoint" (Australian Skeptics, Incorporated n.d.). This organization has committees in each of the Australian states and territories and claims to have some 4,000 members. The Australian Skeptics has published *The Skeptic*, a quarterly journal, since 1981. In addition to critiquing beliefs and practices such as alchemy, astrology, parapsychology, and New Ageism, the skeptics attempt to debunk many CAM systems or therapies, including acupuncture, Ayurveda, aromatherapy, chiropractic, iridology, naturopathy, Reiki, and Therapeutic Touch, as being "unscientific," if not fraudulent.

The Development of Centers of Integrative Medicine and the Growing Interest of Hospitals in Complementary Medicine

Despite the appearance of integrated clinics in Australia, thus far they have not attracted major corporate interest in Australia as they have begun to do in the United States (Collyer 2004:89; Easthope 2004:318). The Perth Natural Medicine Clinic constitutes an example of an integrative health care center in Australia. It employs two biomedical physicians, a podiatrist, two osteopaths, four naturopaths, and various other practitioners (Perth Natural Medical Clinic n.d.). The Nature Care Holistic and Medical Centre in North Sydney has at its focal point a female general practitioner, who reportedly treats about half of the patients, with presumably at least some of these as well as the other patients being treated by 16 complementary practitioners of different sorts (*Insight*, n.d.). Many Australian pharmacies now offer regular consultation with a complementary therapist, such as a naturopath or homoeopath.

Various hospitals have begun to adopt complementary health practices. For example, the Royal Hospital for Women created a Natural Therapies Unit, which tests the utility of foods like soy and ginger in treating various ailments (Moynihan 1999:7). Ramesh Manocha (2001), a biomedical physician, initiated a Meditation Research Program at the same institution. The Graduate School of Integrative Medicine at Swinburne University functioned between 1998 and 2005 under the leadership of Avni Sali, an Indian Australian, and Fernando Cortizo, an Argentine immigrant. It was created with the assistance of the Australian College of Nutritional and Environmental Medicine and AIMA; it offered courses for medical professionals in nutritional and environmental medicine and mind–body medicine and also

conducted clinical efficacy trials (Who's Who in the Graduate School of Integrative Medicine, www.swin.edu.au/gsim/gsmed_news.html, accessed 04/30/2004). Sali, a surgeon, is the foundation head of the school and also is an honorary patron of the Melbourne Therapy Centre, an anthroposophy institution. The Graduate School of Integrative Medicine also offered distance education courses for biomedical physicians who wished to incorporate complementary medicine into their practices. Apparently this program ended operation and has been replaced by the National Institute of Integrative Medicine, which plans to recommence programs of study at a site yet to be determined (National Institute of Integrative Medicine, n.d.).

The 60-bed private Swinburne University Hospital in Victoria reportedly offered a wide range of complementary services until its closure a few years ago (Collyer 2004:89). Shellharbour Private Hospital south of Sydney operates a one-stop medical complex offering both complementary and biomedical services and sells natural and conventional medical products in a facility adjacent to the hospital (Collyer 2004:89). In contrast to the United States, centers of integrative medicine have not become commonplace in Australia.

Conclusion

Despite efforts on the part of proponents of holistic health to develop an alternative to biomedicine, what in reality has been developing in Australia is the beginnings of the co-option of complementary medicine under the rubric of integrative medicine or integrative health care. As Cant and Sharma so aptly observe, "biomedicine is still the most powerful single health-care profession and is unlikely to cease to be so: those forms of alternative medicine that have been most successful in terms of gaining greater public recognition and legitimacy are, on the whole, those that have had the approval of a sizable section of the medical profession" (1999:432–433). In a similar vein, Morton and Morton observe that "the broad scope of practice granted to an M.D. by their license [statutory registration in the case of Australia] allows them to take short, consolidated courses on complex systems of alternative medicine and then immediately offer them to the public" (1996:151).

Increasingly, Australian biomedical physicians are redefining complementary therapeutic systems as modalities within biomedicine or at least closely related to biomedicine. For example, some biomedical general practitioners have come to regard chiropractic and osteopathy as physical medicine or manual medicine (Eastwood 1997:14). Dietetics and nutritional advice as treatment modalities integral to naturopathy, homoeopathy, and herbal medicine have been incorporated by biomedical physicians under the designation of nutritional and environmental medicine.

> Acupuncture, in the context of general medical practice, is redefined as medical acupuncture. For example, sports medicine, a group sub-specialty in general practice, relies on remedial therapies that include massage, relaxation and chiropractic and acupuncture techniques. . . . Natural medicine, a more recent term used by orthodox doctors, implies an emphasis on herbs, diet and environment as non-drug and non-invasive healing modes. [Eastwood 1997:14]

Biomedicine historically has often incorporated alternative therapies rather than losing patients en masse to heterodox practitioners. Alster maintains that biomedical calls for complementary and alternative therapies may in reality "serve the purpose of preserving the hegemony of medicine by co-opting the most attractive components of holism" (1989:163). Cross-cultural research has repeatedly indicated that the integration of biomedicine and CAM tends to preserve rather than eradicate biomedical dominance. While the development of integrative medicine has not progressed as far in Australia as it has in the United States and Britain, there are strong indication that the process of biomedicine maintaining its domination over complementary medicine down under is well under way.

Notes

1. The Therapeutic Goods Agency, a federal agency, discovered some 80 individuals who had taken Travacalm (a travel-sickness preventive medicine manufactured by Pan Pharmaceuticals) had developed negative side-effects, and 19 of them had to be hospitalized. The agency conducted an analysis of Travacalm purchased from a pharmacy that indicated that the tablets in one package contained amounts of the active ingredient hyoscine varying between none at all and seven times the designated safe dosage. It recalled more than 15,000 complementary medicines from the Australian market in April 2003 and revoked Pan's manufacturing license (Easthope 2004:325).

References Cited

Alster, Kristine Beyermann
1989 The Holistic Health Movement. Tuscaloosa: University of Alabama Press.
Art of Healing
2003. Art of Healing—Byron Bay (Autumn):8–9.
Australian College of Holistic Nurses
2000 Policy Guidelines for Practice of Complementary Medicine by Nurses and Midwives in Australia, November. Brendale, Queensland: Duo Publishers.
N.d. Home Page. Electronic document, http://www.achn.org.au, accessed October 5, 2004.
Australian Medical Association (AMA)
1992 Chiropractic in Australia, September. [Pamphlet]
2002 AMA Position Statement on Complementary Medicine. Melbourne: Australian Medical Association.
Australian Medical College
2007 Journal of the Australian Acupuncture Society. Electronic document, http://www.accessmylibrary.com/coms2/browse_JJ_J274, accessed January 5, 2008.
Australian Skeptics, Incorporated
N.d. Overview of the Skeptics. Electronic document, www.skeptics.com.au/about/overview.htm, p. 1, accessed May 11, 2004.
Baer, Hans A.
2004 Toward an Integrative Medicine: Merging Alternative Therapies with Biomedicine. Walnut Creek, CA: AltaMira Press.
Bensoussan, Alan, and Stephen Myers
1996 Toward a Safer Choice—The Practice of Traditional Chinese Medicine in Australia. Melbourne, Victoria: Department of Human Services.

Bombardieri, D., and Gary Easthope
2000 Convergence between Orthodox and Alternative Medicine: A Theoretical Elaboration and Empirical Test. Health 4:479–494.
Brighthope, I.
1994 The Therapeutic Potential of Antioxidants in the Prevention Degenerative Disease. Journal of the Australian College of Nutritional and Environmental Medicine 13(1):5–26.
Brooks, Peter M.
2004 Undergraduate Teaching of Complementary Medicine. Medical Journal of Australia 181(5):275.
Cant, S., and Ursula Sharma
1999 A New Medical Pluralism: Alternative Medicine, Doctors, Patients, and the State. London: Taylor and Frances.
Cohen, Marc M., ed.
2002 Introduction. *In* Prescriptions for Holistic Health. Pp. 7–9. Clayton, Victoria: Monash Institute of Health Services Research.
2003 Holistic Healthcare in Practice. Melbourne: Australasian Integrative Medical Association.
2007 Media Release, June 15. Melbourne: Australasian Integrative Medical Association.
Cohen, Marc M., Stephen Penman, Marie Pirotta, and Cliff Da Costa
2005 The Integration of Complementary Therapies in Australian General Practice. Journal of Alternative and Complementary Medicine 11:995–1004.
Collyer, Fran
2004 The Corporatisation and Commercialisation of Complementary and Alternative Medicine. *In* The Mainstreaming of Complementary and Alternative Medicine: Studies in Social Context. Phillip Tovey, Gary Easthope, and Jon Adams, eds. Pp. 81–89. London: Routledge.
Dwyer, John M.
2004 Good Medicine and Bad Medicine: Science to Promote the Convergence of "Alternative" and Orthodox Medicine. Medical Journal of Australia 180(12):647–648.
Easthope, Gary
1993 The Response of Orthodox Medicine to the Challenge of Alternative Medicine in Australia. Australian and New Zealand Journal of Sociology 29:289–301.
2004 Complementary Medicine and Orthodox Medicine. *In* Health in Australia: Sociological Concepts and Issues. 3rd edition. Carol Gbrich, ed. Pp. 310–333. Frenchs Forest, NSW: Pearson Longman.
Easthope, Gary, Justin J. Beilby, Gerald F. Gill, and Bruck K. Tranter
1998 Acupuncture in Australian General Practice: Practitioner Characteristics. Medical Journal of Australia 169:197–200.
Easthope, Gary, B. Tranter, and G. Gill
2000 General Practitioners' Attitudes toward Complementary Therapies. Social Science and Medicine 51:1555–1561.
Eastwood, Heather
1997 General Medical Practice, Alternative Medicine and the Globalisation of Health. Ph.D. dissertation, Department of Sociology and Anthropology, University of Queensland.
2000 Why Are Australian GPs Using Alternative Medicine? Postmodernisation, Consumerism and the Shift towards Holistic Health. Journal of Sociology 36:133–156.

Fadlon, Judith
2005 Negotiating the Holistic Turn: The Domestication of Alternative Medicine. Albany: State University of New York Press.
Hall, K., and B. Giles-Corti
2000 Complementary Therapies and the General Practitioner: A Survey of Perth GPs. Australian Family Physician 29:602–606.
Hunter, Assunta
1997 Why Do People See Natural Therapists? A Review of the Surveys. Diversity 10:15–18.
Insight
N.d. Archives. Electronic document, www.sbs.com.au/insight, accessed March 30, 2004.
Jacka, Judy
1998 Natural Therapies: The Politics and the Passion—A Personal Story of a New Profession. Melbourne: Ringwood Natural Therapies.
Khoury, Raymond
2001 Setting Up Clinic: Allcare Naturopathic Centre, Sydney. Journal of the Australian Traditional-Medicine Society 7(3):113–115.
Kron, John
2003 Osteopathy. Journal of Complementary Medicine 2(5):22–26.
Manocha, Ramesh
2001 Researching Meditation: Clinical Applications in Healthcare. Diversity 2(5):3–10.
McCabe, Pauline, ed.
2001 Complementary Therapies in Nursing and Midwifery: From Vision to Practice. Melbourne: Ausmed Publications.
McCutcheon, Peter
2003 Complementary Therapies Scrutinised. April 29. Electronic document, http://www.abc.net.au, accessed January 5, 2008.
Monash University
2008 Graduate Certificate in Medical Acupuncture for 2008. Electronic document, http://www.monash.edu.au/study/coursefinder/course/2678/, accessed January 5, 2008.
Morton, M., and M. Morton
1996 Five Steps to Selecting the Best Alternative Medicine: A Guide to Complementary and Integrative Health Care. Novato, CA: New World Library.
Moynihan, Ray
1999 Widening the Options: From a Sickness Industry to a True Health Care System. Diversity 17:4–9.
National Institute of Integrative Medicine
N.d Study at the NIIM, National Institute of Integrative Medicine. Electronic document, www.niim.com.au, accessed January 20, 2007.
Ngu, Margaret
1998 The Australian Integrative Medicine Association. Diversity 15:25–26.
Owen, David, and George T. Lewith
2004 Teaching Integrated Care: CAM Familiarisation Courses. Medical Journal of Australia 179(6):316–318.
Perth Natural Medical Clinic
N.d. Home Page. Electronic document, http://www.pnmc.com.au/integrativemed.html, accessed March 9, 2004.
Phelps, Kerryn
2001 Speech given at the Healthcare Summit of the Complementary Healthcare Council of Australia, Canberra, March 1.

2003 Doctor, Healing, and the Role of Complementary Medicine. Australian Medical Association. Electronic document, http://www.ama.com.au, accessed September 15, 2004.

Pirotta, Marie V., Marc C. Cohen, Vicki Kotsirilos, and Stephen J. Farish
2000 Complementary Therapies: Have They Become Accepted in General Practice? Medical Journal of Australia 172:105–109.

Wearing, Michael
2004 Medical Dominance and the Division of Labour in the Health Profession. *In* Health in Australia: Sociological Concepts and Issues. Carol Gebrich, ed. Pp. 260–289. Frenchs Forest, NSW: Pearson Longman.

Who's Who in the Graduate School of Integrative Medicine
N.d. Electronic document, www.swin.edu.au/gsim/gsmed_news.html, accessed April 30, 2004.

Willis, Evan
1989 Complementary Healers. *In* Sociology of Health and Illness: Australian Readings. Gilliam M. Lupton and Jake M. Najman, eds. Pp. 259–279. South Melbourne: MacMillan.